


# \*RETURN TO FMF - LOCATION 7540

Re-Edit

QUERY CONTROL FORM		RTIS USE ONLY	
Application No. <u>10/083, 1685</u>	Prepared by <u>RWP</u>	Tracking Number Week Date	
Examiner-GAU <u>Barbara P. Budio-</u>	Date <u>5-20-04</u>		
<u>16/6</u>	No. of queries <u>(1) (1)</u>		

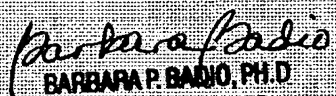
JACKET			
a. Serial No.	f. Foreign Priority	k. Print Claim(s)	p. PTO-1449
b. Applicant(s)	g. Disclaimer	l. Print Fig.	q. PTOL-85b
c. Continuing Data	h. Microfiche Appendix	m. Searched Column	r. Abstract
d. PCT	i. Title	n. PTO-270/328	s. Sheets/Figs
e. Domestic Priority	j. Claims Allowed	o. PTO-892	t. Other

SPECIFICATION	MESSAGE	
a. Page Missing	<p><u>Improper Dependency - Final claim 11</u>  <u>(original claim 10) depends on higher claim 12.</u>  <u>Please resolve.</u></p> <p style="text-align: right;"><u>Thanks</u></p>	
b. Text Continuity		
c. Holes through Data		
d. Other Missing Text		
e. Illegible Text		
f. Duplicate Text		
g. Brief Description		
h. Sequence Listing		
i. Appendix		
j. Amendments		
k. Other		
CLAIMS		initials <u>RWP</u>
a. Claim(s) Missing		<p>RESPONSE <u>Corrected</u></p>
<u>(b)</u> Improper Dependency		
c. Duplicate Numbers		
d. Incorrect Numbering		
e. Index Disagrees		
f. Punctuation		
g. Amendments		
h. Bracketing	initials	
i. Missing Text		
j. Duplicate Text		
k. Other		

<b>Issue Classification</b> 	Application No.	Applicant(s)	
	10/083,685	HEGELE-HARTUNG ET AL.	
	Examiner	Art Unit	
	Barbara P. Badio, Ph.D.	1616	

ISSUE CLASSIFICATION									
ORIGINAL					CROSS REFERENCE(S)				
CLASS		SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)			
514		510			514	718			
INTERNATIONAL CLASSIFICATION					560	231			
A	6	1	K	31/215	568	663	715		
A	6	1	K	31/075	552	626			
C	0	7	C	69/02					
C	0	7	C	43/20					
				/					

(Assistant Examiner) (Date)		 <b>BARBARA P. BADIO, PH.D.</b> <b>PRIMARY EXAMINER</b> (Primary Examiner)	Total Claims Allowed: 27	
(Legal Instruments Examiner) (Date)			O.G. Print Claim(s) 1	O.G. Print Fig. 0

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant						<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original		Final	Original		Final	Original		Final	Original	
1	1			31			61			151	
2	2			32			62			152	
3	3			33			63			153	
4	4			34			64			154	
6	5			35			65			155	
7	6			36			66			156	
8	7			37			67			157	
9	8			38			68			158	
10	9			39			69			159	
<del>11</del>	10			40			70			160	
<del>12</del>	11			41			71			161	
	12			42			72			162	
	13			43			73			163	
13	14			44			74			164	
14	15			45			75			165	
15	16			46			76			166	
16	17			47			77			167	
17	18			48			78			168	
21	19			49			79			169	
22	20			50			80			170	
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26	24			54			84			174	
27	25			55			85			175	
5	26			56			86			176	
18	27			57			87			177	
19	28			58			88			178	
20	29			59			89			179	
	30			60			90			180	